



The M10 E-Zine

Naval Reserve Medicine's First Resource for News and Information

July-Sep, 2003
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Inside this issue:

- 2 Happy Birthday
- 3 Apply Board
- 4 Reserve Notes
- 5 "Fighting" 106
- 6 Opportunities
- 7 Health Notes
- 8 American Flag
- 9 Education
- 10 From the Field
- 11 Real World

Important Note:

Please be aware that many of the links referenced in this e-zine require your ability to access the BUMED secure page. If you do not already have access to this domain, please click [here](#) and follow the instructions.



FLAG MATTERS: Reserve Forces Day 2003

*RADM William J. Lynch, MC, USNR,
Deputy Chief BUMED, Reserve Affairs*

It is Saturday AM, July 5, and RADM John Debbout, RADM Betsy Morris and I, joined by five MC, five NC, five HMs and the Navy Band from New Orleans are traveling by train from Sydney to New Castle, Australia. We are part of a multi-national contingent of Australians, British, Canadian and New Zealanders, participating in the Australian Reserve Forces Day celebration. This annual Australian event recognizes the service and contributions of past and present Australian Reservists as well as expressing a heart-felt thanks to employers and family for their support.

Reserve Forces Day 2003 highlighted the 100th anniversary of the Royal Australian Army Medical Corps and Nurse Corps. Since their establishment on July 1, 1903, these two Corps have served with distinction in multiple conflicts including WW I, WW II, Korea, and Vietnam. Both Corps rely very heavily on the volunteer spirit and commitment of its Reservists to provide world-class treatment to the wounded and ill members of the Australian Defense Force.

After nearly 22 hours of air travel aboard one of the new Naval Air Reserve Force C-40s, we were greeted at Sydney International Airport by members of the Reserve Forces Day Council and senior officers of the Royal Australian Army and Navy Medical Corps and Nurse Corps.



RADMs Debbout, Morris, Lynch and Commodore Shirtley of the Royal Australian Navy join members Reserve Forces Day Council and senior officers of the Royal Australian Army and Navy Medical Corps and Nurse Corps to celebrate Reserve Forces Day 2003

The whirl-wind itinerary included a Regimental Dinner with the Sydney University Regimental Officers Mess, an official welcome and meeting with the Governor of New South Wales, Professor Marie Bashir, who is a physician, a visit to the historic Victoria Barracks, a wreath laying

ceremony at the Australian Nurses Memorial and the Tomb of the Unknown Soldier, and participation in a medical seminar with members of all the overseas contingents.

This memorable event culminated in parades at both New Castle and Sydney where over 5,000 military personnel in full dress uniform, proudly marched through the streets to the sounds of patriotic marches played by several military bands. The U.S. Navy Band was a big hit with the citizenry of both seaport cities.

The gracious and hospitable Aussies poured out their generosity and made the U.S. contingent feel welcome. A very close bond exists between the U.S. and Australia. This long-standing alliance was proudly displayed during the special 4th of July celebration events sponsored by the Reserve Forces Day Council and the American Consulate in Sidney.

We learned that the United States and Australia share a great deal of commonality, yet are distinctly different in many ways. While their medical system is primarily state-supported, they too are experiencing a major problem with malpractice insurance issues.

The Australian Defense Health System relies very heavily on voluntary medical support from their Reserve medical component. In fact, all medical specialists are members of their Reserve components. Their Surgeon General fills a Tri-Service position and is a Reservist. However, the most senior Defense Force Medical Officer is an active duty two-star general officer.

Continued on page 2



Our Mission:

As the Reserve Component advocate of the U. S. Navy Medical Department, M-10, through the "Total Force Integration - One Navy Medicine" concept, promote, manage and lead the integration of the Medical Reserve to support the mission of Navy Medicine.

The Australian military medical system is experiencing many of the same problems we are facing with regards to recruiting, retention, and a shrinking budget. Like our Reserve Force, the Australian Reserve Force is totally voluntary, drills monthly, and has a two-week annual training event. Unlike us, upon retirement the Australian Reservist does not receive retirement benefits or pay. They do receive the unending thanks and praise from their country and its citizens.

The increasing op-tempo during the past 10-15 years has negatively impacted the willingness of many medical professionals to volunteer for military service.

The Reserve Forces Day celebration was a resounding success in many ways. The sharing of mutual concerns and issues strengthened the common bonds between the medical professionals from the five participating countries. United in the common goal of providing superior healthcare services to all military personnel both friend and foe was shared by all.



RADMs Debbout, Morris, and Lynch meet with members of the Royal Australian Navy

Hospital Corps Celebrates 105th Anniversary

"I'm proud of what the team represents...honor, courage, and commitment," said FORCM Jacqueline L. DiRosa, Head of the Navy's Hospital Corps, as 23,843 active duty and 4,500 Reservists celebrate 105 years of dedicated and committed service on June 17. "The Hospital Corps is comprised of compassionate, professional men and women whose history is marked with honorable service, unwavering courage and a never-ending commitment to the health and welfare of our Sailors, Marines and their families."

The Navy's Hospital Corps continues to play an important role in Navy Medicine's mission of Force Health Protection (FHP).

"The Hospital Corps plays a vital role in ensuring our mission of FHP is met from battlefield care to research and development," said DiRosa. "In fact, Navy Medicine could not meet its mission without the direct involvement of the nearly 24,000 hospital corpsmen in the 34 health care specialties."

In addition to FHP, the Hospital Corps is currently involved in efforts to improve their performance on land and abroad. They have increased several of their training programs to enhance their skill and performance level.

"There has been an increase in chemical, biological, radiation, and nuclear training and an increase in trauma training and platform specific training for MAP personnel," said DiRosa.

However, she stresses that much of the areas of improvement lie within the commands.



"We are always looking for areas of improvement, but the biggest impact to our readiness and ability to carry out the mission rests with each command," said DiRosa. "Commands have the responsibility to ensure their personnel are well trained to meet the operational and homeland missions."

As they continue to improve their mission readiness, there are several major accomplishments that the HC can be proud of this past year.

"Our rapid deployment and support of operations Noble Eagle, Enduring Freedom and Iraqi Freedom have been one of our major accomplishments," said DiRosa. "We deployed over 2,800 personnel from Claimancy 18 to support units afloat and in the field and recalled 1,200 HM Reservists to backfill our medical treatment facility (MTF) personnel to ensure there was minimal degradation of service to our beneficiaries."

As the Hospital Corps looks ahead to future endeavors, they will build upon past accomplishments and lessons learned.

"These past operations have reinforced the importance of the Hospital Corps in carrying out the Navy Medicine mission of FHP," said DiRosa.

Keep your eye out for the MEDNEWS, current and upcoming editions have and will celebrate the Aug 4 birthday of the Medical Service Corps and the Aug 22 birthday of the Dental Corps.

The Apply Board Demystified

LCDR Eddie Oestreicher, MSC, USNR
Director, Manpower and Personnel, Reserve Affairs M10-1

The Apply Board is a system where all CAPTs and CDRs now obtain billets in both clinical and command positions. All officers above the rank of LCDR are required to put an application in the system to be eligible for openings at commands. (Personnel who do not put their application in the Apply Program even if they are not selected (alternate candidate list) then would not be eligible for placement into open billets that occur due to retirements, or change of individual status.) Generally speaking, one third of the billets at each command rotate approximately every year. This year the following personnel were selected to be COs of commands:

| | | |
|--------------------|--------------------|-----|
| OPNAV 093 | Michael Adams | MSC |
| BUMED 106 | Rex Conger | MSC |
| FH Dallas | Jack Riggs | MC |
| FH Great Lakes | Ann Bidwell | MC |
| NNMC Bethesda | Donald Gintzig | MSC |
| NMC San Diego | Edward Reidy | DC |
| NH Jax | Paul Rast | MC |
| NH Pensacola | Timothy McCullough | MC |
| NDCL SW | John Masters | DC |
| NDCL LeJeune | George Sheppard | DC |
| NDCL Parris Island | David Taft | DC |
| NDCL Great Lakes | Barbara Tomcko | DC |
| NDCL Gulf Coast | Bradley Silva | DC |



The Apply Program had approximately 450 open medical billets for personnel this year. And, since the Apply Program is the system where all CAPTs and CDRs obtain billets, it is imperative that each person registers for opportunities.

The process begins with each billet being identified by a personnel rotation date, (PRD) which is indicated on an individual's orders and is the date that the billet becomes available again for the next Apply Board. BUMED Reserve Affairs verifies that all RAOs review their open billets and provide confirmation that each particular billet is available for advertisement.

Now, the board process begins with a date being set to conduct the board (June generally), and a request to BUMED Reserve Affairs (M10-1) for CAPTs from each of the corps to be members on the board. Then, the Board is sequestered in Millington Tennessee and is comprised of senior officers who review each officer's FITREPs, awards, NOBCs, SSPs, and AQDs. These members rate the paperwork individually and come together at a later time during the day to rate personnel (each individual record is briefed by a senior officer highlighting performance.) After the briefings, the individuals on the board, (17 this year) votes on each record individually using a score of 100/75/50/0.) Next, the billets are "flushed" on the board in the "tank" for placement of the "most" qualified applicants into billets. Selections are made from information provided by the individual concerning their preferences for billets based on their qualifications and desires. The process continues with applicants being placed in billets (using the above-mentioned process) until specific confidence levels are reached or until all billets have been filled. Personnel who do not get selected for a billet become part of the "alternate candidate" list. These personnel may be placed into billets if opening occur throughout the year if there is a proper NOBC, SSP, AQD match.

COMNAVRESFOR Command (NI) determines specific administrative procedures for the board and this year guidance was also provided by each of the corps and BUMED Reserve Affairs for selection criteria.

Interesting valuable "nuggets" from this Board were:

- Ensure your record accurateness, (FITREPs, awards, placement of NOBCs, SSPs, and AQDs, and letters to the board) are in proper order;
- Provide multiple options/billet selections with documentation that you are qualified to perform;
- Provide distance willing to travel (more willingness equated to more opportunities);
- Failure of Selection (FOS) rules applied to all considered applicants;
- Junior Most Qualified applicants were considered if they had "high" confidence levels (based on record of achievement, FITREPs etc...);
- Personnel with multiple command experience and high time in grade were considered for opportunities, however, item e, (listed above) had a large factor in deciding billets;
- Over grade waivers will be allowed for this board; however they will not be for a three year term (each waiver will be one year increments);
- Personnel who did not receive Program 32/46 billets were considered for Program 9 opportunities, then 5 and 7; and
- Members who selected billets requiring drills at HQ or specific locations must perform at the specified site. If, a person does not drill in accordance with Apply requirements, COs will take appropriate actions

These observations that I have made are from being the technical advisor for medical programs within Claimancy 18 and the advisor for the Medical Apply Board. In conclusion, I would say, "The system is extremely fair" and rewards those personnel who take accountability for their career by having all documentation and information in order.

Demobilization of Reservists to Occur NLT end of September

BUMED's Operations and Reserve Utilization Division (M10-3) has received various inquiries with regard to the demobilization of Reservists supporting Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). These historic events marked the largest recall of medical reserve personnel since Desert Shield/Storm in 1990-1991. Those SELRES mobilized to support our Navy MTF's did a superb job and raised the bar for excellence. However, with the drawing down of both of these operations the reserves recalled to support OEF and OIF will be heading home soon, according to the Vice Chief of Naval Operations, Admiral William J. Fallon.

Many active component medical platforms are either in route or soon to be stood down in country. As such, those SELRES mobilized to support Navy MTF's INCONUS will be placed on a schedule to return to their home of record. This is expected to be conducted in an orderly fashion over the next several months. OPNAV's ultimate goal is to demobilize those SELRES belonging to BUMED (clamancy 18) NLT the end of September 2003.

For additional information on demobilization you may visit the BUPERS website at www.persnet.navy.mil/ and click on CNRF Naval Reserve Mobilization FAQ and Recall and mobilization of naval reservists in support of Operation Noble Eagle.

Extension Of National Defense Service Medal Eligibility

In a White House Letter dated 28 March (NAVADMIN 134 02/10MAY2002), an Executive Order signed by president bush announces NDSM eligibility extension, which allows those with "service in good standing in the selected reserve of the armed forces" on or after 11 September 2001 to be eligible for the NDSM.

The termination date will be determined and announced at a future date.



Navy Stop-Loss Update

Stars and Stripes reports that the Navy has joined two of its sister services in lifting its stop-loss restrictions, and released its enlisted hospital corpsmen to separate or retire from the service as planned. The roughly 300 sailors impacted by the stop-loss restriction will go through a phase-out process, and be able to leave the Navy beginning June 1. The process should see the last of those involuntarily held leaving no later than Sept. 15, officials said. In early April, Navy officials targeted corpsmen with navy enlisted classification code 8404 (field medical service technician) in pay grades E-1 through E-6 because they were deemed essential for the mission at hand - combat operations in Iraq. Those who were affected and wish to stay Navy must submit the proper re-enlistment paperwork. Extensions of expired enlistments are not authorized. Stop movement halts permanent change of station moves. For more deployment news and updates, see http://images.military.com/Content/MoreContent1/0,,Deployment_Center,00.html

Bill Seeks Tuition Refunds for Reserves, Guard

Stars and Stripes reports that Rep. Martin Frost, D-Texas, has introduced a bill that would give refunds to activated reservists and guardsmen enrolled in colleges and universities, but unable to attend because they were called into service. The bill, H.R. 1323, titled "Reservists and National Guard Opportunities and Protection of Education Act," calls for institutions of higher education to refund tuitions and fees to students called up for active duty; grant students a military leave of absence, and restore students' academic statuses with regard to credits earned, scholarships or grants when they return to their schooling. Roughly 30 percent of all Reserves and the Guard are enrolled in colleges, universities or other institutions of higher learning. The bill will be referred to the House Education and Work Force Committee. No hearing or decision date has been set for Congress to work on the bill. For more on education benefits, a scholarship database, a school finder, and more, visit www.military.com/Education/SchoolLocator?ESRC=mr.nl

Interesting Fact for Reservists

Did you know that Retired Reserve Component members and their eligible family members become eligible for TRICARE benefits when the member becomes eligible to receive retired or retainer pay, usually at age 60?

Speaking of TRICARE: Good News for Reservists

Please click [here](#) for a copy of the policy memo with signed by Dr. Winkenwerder, which allows RC family members to enroll in TRICARE Prime when called to active duty for more than 30 days. The previous policy was for eligible family members of RC members called to active duty for more than 179 days. This policy also allows RC family members to enroll in TRICARE Prime Remote based on the service member's residence before mobilization.

The Fighting 106

CAPT Cindy Dullea, NC, USNR
Commanding Officer, NR BUMED 106

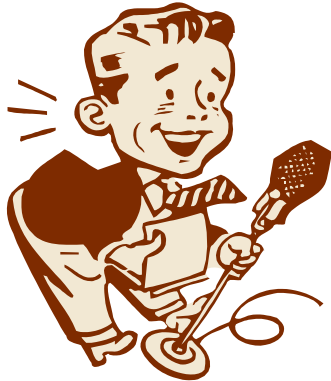
As we complete our third year in the MEDRUP implementation, we have added three new members to the team. They replace several team members who will complete their tour with NR BUMED 106 this fall. The new team members are CAPT Carl Bazemore, CDR Sheryl O'Connor and CDR William Gray. They are actively orienting to their new roles and will take the helm in October. In the next newsletter we will publish new unit assignments. I want to personally thank the outgoing team members - CDR Rick Jeffrey and CDR Kris Gjerde for their hard work and dedication in making the deployment of MEDRUP a success. We could not have completed the program deployment without their hard work.

Additionally, several BUMED 106 members assisted with the recall of Reservists during Operation Iraqi Freedom. They responded rapidly to the call for help and worked diligently to make the recall process smooth. Thanks to CDR Rick Jeffrey, CDR Kim Pellack, HM2 Eddie Richburg and HMI Marilyn Williamson.

Finally, as I leave command after three years as CO of NR BUMED 106, it has been my pleasure to work with all the Program 32 and 46 units. It has been a thrill to command this unique unit of highly qualified Navy Professionals. I look forward to continued camaraderie in the future. I wish you fair winds and following seas in all your future endeavors.



CAPT Cindy Dullea, NC and CDR Lisa Sullivan, NC, the CO and XO of NR BUMED 106 conduct the unit's annual uniform inspection at the U.S. Navy Memorial



Hip, Hip, Hoo-ray!!!!!!!

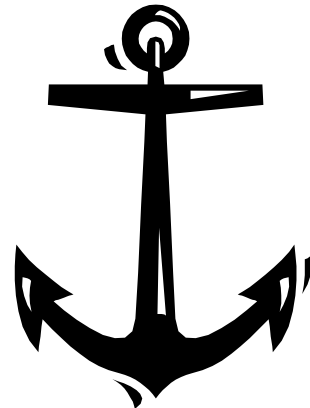
Please join NR BUMED 106 in heartfelt congratulations to LCDR Kathy Farkas, MSC for her selection as 3rd District NRA Junior Officer of the Year! She was selected from 94 other Reservists for the recognition. Of note, LCDR Dadrian Davis was also in the running and came in second. We have some great LCDRs!

To view the full list, please click here:
www.navy-reserve.org/i4a/pages/index.cfm?pageid=898

Hails and Farewells Seas to the Following M10 Leaders

Please take special note of the following M10 leaders departing and arriving from and to BUMED Reserve Affairs

RADM William Lynch - to retire in September
CAPT Cindy Dullea - to Bethesda NNMC in October
CAPT James Peterson - to retire in July
CAPT Charles Rice, MC, USNR - to retire in September
CDR Rich Delaquis - to retire in September
LT Paul Phillips - arrived as the new Flag Exec. Asst. in May



Transforming Medical Personnel Assignments: Naval Reserve Medical Assignment Sheet

LCDR Eddie Oestreicher, MSC, USNR
Director, Manpower and Personnel, Reserve Affairs M10-1

Navy Medicine (Bureau of Medicine and Surgery, Reserve Affairs, M10-1) and Commander Naval Reserve Forces Command (CNRFC) have been working to streamline the medical reservist assignment process. The days where Reservists are assigned by the REDCOMs are waning. All medical reservists are being assigned in a new streamlined process that is initiated by your Headquarters' Detachment Manpower specialist. This Headquarters' skilled person provides inputs to a live "online" web page for Reserve Affairs M10-1 review. BUMED Reserve Affairs M10-1 Directorate looks at the change for accuracy and for overall benefit to the 12 Program 32/46 commands and then provides comments for CNRFC for action. This process gives each command better command and control of their personnel and billet assignments. The system has been in operation for over two months and 86 personnel have been moved from either IAP or from billets that require specific NOBCs, NECs, SSPs and AQDs.

Navy Medicine is working to continue making processes more efficient and easier for Commands to have direct input for their personnel. One example of the use of this system is the movement of personnel from Fleet Hospital Minneapolis (which is scheduled for unfunding in FY 04) into detachments of Fleet Hospital Ft. Dix, Fleet Hospital Dallas and Fleet Hospital Great Lakes. This live system has already processed over 75 Nurse Corps personnel within one week.

RESCENS/REDCOMs will maintain the ability to assign "newly" accessed personnel from active duty or members who are entering the reserve for the first time. The HQ Manpower specialist and BUMED Reserve Affairs are handling all personnel that are assigned in units and need to be reassigned. One item that is extremely important for this process is that Naval Medical Reservists should ensure that their NOBCs, NECs, SSPs and AQDs are prioritized for the specific billets they are seeking. The contact points for Officers are the Corps Chief Reserve Action Officers. The Medical Corps officer can be reached at: (202) 762-3065; Nurse Corps (202) 762-3042; Dental Corps (202) 762-3017; and the Medical Service Corps Officer (202) 762-3055. DSN is 762- use the last four digits of the office you wish to reach.

This newly created online system increases overall effectiveness due to the fact that BUMED Reserve Affairs has the ability to see all vacant billets in Programs 5,7,9, 32, and 46. This capability to assign and guide personnel across boundaries benefits the Naval Medical Reserve and the individual Reservist.

This new technology and streamlined process has enabled Navy Medicine to make timely decisions and utilize valuable human resources.

Hot links

Welcome to Naval Reserve Forces Command's Web Site
<http://reserves.navy.mil/Reserves/Public/Staff/Centers/Forces+Command/>

The CNRFC Web Site now contains a "Commander's Corner" -found here: http://reserves.navy.mil/cgi-bin/MsmGo.exe?grab_id=1&page_id=7340288&query=commander+corner&hiword=COMMAND+COMMANDANT+COMMANDED+COMMANDERS+COMMANDING+COMMANDS+CORNERS+commander+corner

To learn more about Navy Medicine, please be sure to check out the on-line resource for Navy and Marine Corps Medical News at: <http://navymedicine.med.navy.mil/mednews.cfm> Here, you will find a weekly compendium of Navy Medicine stories as well as contact information for your own submission.

Operation Dear Abby: Send e-mail messages to deployed troops of any service from your home state via:
<http://anyservicemember.navy.mil>

A Message from the President : www.defenselink.mil/specials/welcomehome/

Here's an inspiring video anyone wearing The Uniform needs to see; it's about four minutes long and shows Marines and Sailors doing their jobs in Afghanistan. Truly AWESOME!
www.usmc.mil/videos/ef.asf

Navy Medicine Leads The Way!

LCDR Eddie Oestreicher, MSC, USNR
Director, Manpower and Personnel, Reserve Affairs M10-1

The Bureau of Medicine M10 Reserve Affairs and COMNAVRESFOR Command have approved for personnel in the medical community DoD's first ever process for drill credit and drill pay to take Continuing Medical Education (CME) credits and Continuing Education Units (CEU) online.

Personnel interested in receiving either pay or drill credit should review the announcement titled [Naval Reserve Drill Credit and Retirement Points](#) on the M10 website found here: http://navymedicine.med.navy.mil/med07/ml0-1_page.htm A summary of financial enhancement for Reservists is highlighted in the Retirement Points and Dollars file. Also, the SWANK Letter and Drill Pay file provides detailed information concerning this groundbreaking development in online education.

To view the latest resource documents for SWANK, please click here: www.swankhealth.com



DoD Facts on New SARS Disease

Severe Acute Respiratory Syndrome (SARS) is a respiratory disease that is spreading in the Asian continent, with isolated cases in Europe and North America.



The Department of Defense, through the Military Health System, is actively involved in monitoring this outbreak, and supporting both international and U.S. health authorities as needed.

The Assistant Secretary of Defense (Health Affairs) has provided a fact sheet on the disease, and steps that can be taken to avoid it. For more, see www.ha.osd.mil/asd/message.html

Armed Forces Medical Intelligence Center

CAPT Kevin Hanson, MC USN (FS) of the AFMIC wants to personally invite all concerned to the AFMIC site, where you'll find an analyses of SARS and many other disease and environmental issues in Asia and worldwide.

Because of the nature of AFMIC's information and analyses, only military and Department of Defense personnel (with [.mil](#) or [.gov](#) email addresses) can enter the site and must register for a password by following the instructions provided on our opening screen. The web address you must use is as follows: <http://mic.afmic.detrick.army.mil> For more information, please call: (301) 619-7574 or DSN 343-7574

Force Health Protection - A Military Imperative: Conference to be held in Albuquerque, New Mexico

CAPT Daphne A. Brown, PhD
Eisenhower Army Medical Center

The Sixth Annual Force Health Protection Conference will be held 11 - 17 August 2003, at the Convention Center in Albuquerque, New Mexico. The theme for the conference is Force Health Protection - A Military Imperative. The U.S. Army Center for Health Promotion and Preventive Medicine, Aberdeen Proving Ground, MD, will host this premier preventive medicine conference.

The conference will provide the multidisciplinary military and civilian force health protection community with the opportunity to increase knowledge and awareness of current issues, attend short courses for professional development, mentor, network, and earn CEUs or CMEs.

The core conference will begin with a morning plenary session on Monday, 11 August. Beginning on Monday afternoon and running through Thursday afternoon, breakout sessions will be available in all tracks. Several one, two and three-day post-conference training courses will be held beginning on Friday, 15 August. Pre-registration is recommended for these post-conference courses

This year, the Veteran's Administration will play a vital role by providing speakers and sessions in a special VA Veterans' Health track that will provide a training course for Preventive Medicine Program Coordinators and other clinical staff in VA and Department of Defense facilities. Participants will learn the basics of prevention, behavioral change counseling, how to overcome barriers to preventive services, and other practical information for health promotion and education for the Primary/Ambulatory Care staff and their patients. Consultants will present "real world" experiences in delivering preventive services in a VA Medical Center, and an open-forum setting will present the opportunity to discuss specific problems.

Another innovation at this year's conference is the participation of the DoD Ergonomics Working Group that will host the Ergonomics track. This track will serve as the Annual DoD Ergonomics Conference for DoD, Federal, industry, and university safety and health professionals. The sessions will provide practical, user-friendly information on program development, implementation, and management; best practices; self assessments; cost benefits and return on investments; marketing and communication; intranet programs; workstation design; and research initiatives.

To review a full description of the other seven conference tracks as well contact information for follow up questions, [please click here](#).

Behind the Folds: The American Flag

Do you know that at military funerals, the 21-gun salute actually represents the sum of the numbers in the year 1776?

You might have noticed that Honor Guards pay meticulous attention to the correct folding of the American flag 13 times. You probably thought it was to symbolize the original 13 colonies, but, as we all do each day, we're going to learn something new! Because the formal teaching of the folds in public schools was discontinued in 1955, here are the steps:



The 1st fold of our flag is a symbol of life.

The 2nd fold is a symbol of our belief in eternal life.

The 3rd fold is made in honor and remembrance of the veterans departing our ranks who gave a portion of their lives for the defense of our country to attain peace throughout the world.

The 4th fold represents our weaker nature, for as American citizens trusting in God, it is to Him we turn in times of peace as well as in time of war for His divine guidance.

The 5th fold is a tribute to our country, for in the words of Stephen Decatur, "Our Country, in dealing with other countries, may she always be right; but it is still our country, right or wrong."

The 6th fold is for where our hearts lie. It is with our hearts that, "We pledge allegiance to the flag of the United States Of America, and to the Republic for which it stands, one Nation under God, indivisible, with Liberty and Justice for all."

The 7th fold is a tribute to our Armed Forces, for it is through the Armed Forces that we protect our country and our flag against all her enemies, whether they be found within or without the boundaries of our republic.

The 8th fold is a tribute to the one who entered into the valley of the shadow of death, that we might see the light of day.

The 9th fold is a tribute to womanhood, and Mothers. For it has been through their faith, their love, loyalty and devotion that the character of the men and women who have made this country great has been molded.

The 10th fold is a tribute to the Fathers, for they, too, have given their sons and daughters for the defense of our country since they were first born.

The 11th fold represents the lower portion of the seal of King David and King Solomon and glorifies in the Hebrews' eyes, the God of Abraham, Isaac and Jacob.

The 12th fold represents an emblem of eternity and glorifies, in the Christians' eyes, God the Father, the Son and Holy Spirit.

The 13th fold, or when the flag is completely folded, the stars are uppermost reminding us of our nation's motto, "In God We Trust."

After the flag is completely folded and tucked in, it takes on the appearance of a cocked hat, ever reminding us of the soldiers who served under General George Washington, and the Sailors and Marines who served under Captain John Paul Jones, who were followed by their comrades and shipmates in the Armed Forces of the United States, preserving for us the rights, privileges and freedoms we enjoy today.

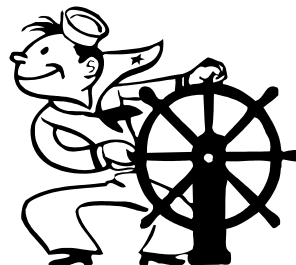
There are some traditions and ways of doing things that have deep meaning. In the future, you'll see flags folded and now you will know why. Printing this out and handing a copy to those who would distribute it to school children and/or congregations is appropriate at a time such as we face today. Please share this with the children you love and all others who love what this symbol stands for...by God's grace it will continue to stand thusly... for and by "Liberty and Freedom."

Though in theory I'm always behind you, I'm also around to remind you. But in case it's your way to give me too much say, I can hamper or, even worse, blind you.
[What am I or Who am I?](#)

Brain Teasers

This type of puzzle used to be very popular among puzzlers who thought they were poets, and poets who thought they were puzzlers. The verse spells out a word letter by letter, and often defines that word as well. "My first" refers to the word's first letter, and so on. Can you [discover the word](#) that this verse describes?

My first is in fish but not in snail
My second, in rabbit but not in tail
My third, in up but not in down
My fourth, in tiara not in crown
My fifth in, tree you plainly see
My whole, a food for you and me



[Click any blue link for answers](#)

[What is](#) the four-digit number in which the first digit is one-third the second, the third is the sum of the first and second, and the last is three times the

News You Can Use

CAPT Bernard Winkel

Office of the Secretary of Defense, Reserve Affairs

Task Force Excel Began the Revolution of Education and Training in the Navy

Task Force Excel (TFE) is the Task Force for Excellence through Commitment to Education and Learning. A CNO initiative, it is responsible for "overseeing the implementation of the pilot programs that are designed to enhance and strengthen the Navy's training and education structure."

The Sailor Continuum is the tool the Navy will use to identify the knowledge skills and abilities (KSAs) that Sailors need to possess to be successful. It addresses five distinct areas, also called vectors; Professional Development, Personal Development, Leadership, Certifications and Qualifications and Performance.

As we move into the next phase, Naval Personnel Development Command (NPDC) and Naval Education and Training Command (NETC), formerly CNET, will construct blended training opportunities that involve a combination of on-the-job training, classroom, e-learning and mentoring educational experiences. The idea is to create a training system that accommodates different ability levels and different learning styles.

All of the improvements that TFE initiated will help us provide better service to the fleet, achieve a learning culture in our Navy where the Sailor's time, development and performance are central to our every action, and help make the Navy a widely recognized "employer of choice".

Over the next several months NMETC will be working hand-in-hand with NPDC representatives to begin the work of incorporating these initiatives. To learn more please peruse these two websites: www.nko.navy.mil and www.excel.navy.mil.

Community College of the Air Force Now Providing Transcript Services to Navy Members

Community College of the Air Force (CCAF) has been given authority to offer transcript service to all students who have successfully completed CCAF credit awarding courses since January 1998. Navy students, who are requesting a transcript for the first time, must attach a copy of the course completion certificate and a copy of their military ID card (front and back) with their request. If available, use the Air Force Form 2099, Request for Community College of the Air Force Transcript, (obtain this prior to graduation from the school) when ordering transcripts.



Transcript requests in letter format are also acceptable. Include in all transcript requests (initial and subsequent) the following: Student's full name (former name if appropriate), date of birth, SSAN, service component, current address, address where the transcript is to be sent and the student's signature. Transcripts sent directly to students are unofficial copies and will be stamped "Issued to Student." CCAF does not accept fax or e-mail requests for transcripts; however, CCAF transcripts are free. Send your transcript request to:

CCAF/RRR
130 West Maxwell Blvd
Maxwell AFB AL 36112-6613.

Questions may be directed to (334) 953-2794 (DSN 493-2794) or can be emailed to the CCAF Registrar's Office at: registrar.ccaf@maxwell.af.mil

American Council on Education Review this Fall

The American Council on Education (ACE) reviewed approximately 16 of our courses this fall at NMETC. We expect their report by Christmas and will forward pertinent information to all Branch Campuses. Up-to-date ACE credit recommendations are very important to our sailors who wish to further their education and transfer coursework taken while in the Navy to other colleges. In order to maintain current ACE credit recommendations, NMETC provides ACE with copies of the curricula for all courses that have undergone revisions following the Cyclical Curriculum Review process. To view current ACE credit recommendations for your courses go to Military Guides Online at: www.militaryguides.acenet.edu/.

POC: Jerry Behnke, Registrar, may be reached at (301) 319-4502, (DSN: 285-4502), or by email at: jfbehnke@nsh10.med.navy.mil

Reservist Heads Surgery at Halyburton Naval Hospital

CPL Nathaniel C. LeBlanc, USMC
Marine Corps Air Station Cherry Point

The steady hands of a skilled surgeon can be the life-saving factor of a severely wounded Marine in combat. When Navy surgeons are forward-deploy, Reservist surgeons are called to duty to take the helm at home.

Capt. Brady Way, Medical Corps, department head of general surgery at Halyburton Naval Hospital, was activated during Operation Enduring Freedom and has taken care of general surgery for the past year.

"I was activated right after they sent the Halyburton surgeons to Guantanamo Bay for the Al-Qaida prisoners," Way said. "After that, things kind of developed on from there and here I am a year later."

As the department head, Way supervises not only the department of surgery, but also the Internal medicine department as well. The department consists of two other surgeons and the two internal medicine doctors.

"Mainly I work with general surgery," Way said. "I deal with the same types of surgeries that I would normally deal with in my private practice."

The Beaufort, N.C., native left behind his medical practice in Morehead City, N.C., to answer the call of his country.

"It's something that Reservists have to deal with which is difficult because you're leaving a practice or job behind," Way said. But this is something we all knew we were getting into and signed up for."

For the 20-year Reservist, Way is familiar with the call to duty after being activated during Operation Desert Storm.

"Being activated definitely affects life situations," Way said. "It's quite a sacrifice for a Reservist to drop everything and serve. I give hats off to them, particularly for those who are forward deployed."

During Way's time at the Halyburton Naval Hospital, the department has made strides in improvements.

"We've improved many things as a department with the addition of increased productivity and an increase in revised financing," Way said. "I'm proud of the clinic. All the surgeons, division officers, and corpsmen really improved this department tremendously in the past year."



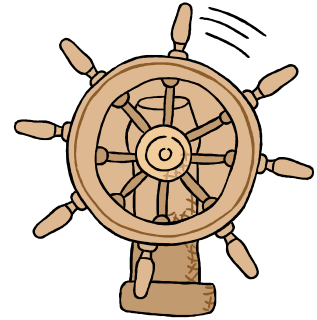
CDR (sel) Bill Rogers, MC, Battalion Surgeon and OIC of 4th Combat Engineer Battalion Med. Det. pauses for a moment in front of the ruins of Ancient Babylon and Uday Hussein's palace (far rear). While on active duty in Support of Operation Iraqi Freedom for nearly five months, CDR (sel) Rogers was assigned to Shock Trauma Platoon One of the Combat Service Support Group 15 in Iraq. When not in uniform, CDR (sel) Rogers is the Medical Advisor to the Office of the Administrator, Centers for Medicare & Medicaid Services, U.S. Department of Health and Human Services.



When not treating coalition forces, Iraqi citizens, or prisoners of war, Hospital Corpsmen assigned to Shock Trauma Platoon One of the Combat Service Support Group 15 make time to sharpen their skills at chess—even if all the pieces happen to be miniature bottles of hot sauce!

In the Moment: A Visit to the USNS Comfort

Recently, while aboard USS Kitty Hawk in the Arabian Gulf, RADM Matt Moffit, Commander Carrier Group, visited the USNS Comfort and wanted to share with you a note he sent to his family after the visit. As you will read, it was quite a visit for RADM Moffit both personally and professionally. I am thankful to have visited and will endeavor to keep it in the forefront of my mind for years to come. I hope you do too.



To my family,

After reading the letter written by Mrs. Katie Bell, I felt a professional and morale obligation to personally visit with our Marines and Soldiers on the USNS Comfort and to get a sense for a part of my profession I have not had contact with before. As some of you know, in Naval Aviation, accidents normally have one of two outcomes, death or minor injury. I have never confronted that which lies between... And after having experienced the "in between" today, I join Mrs. Bell in knowing that America produces some wonderful human beings... in spite of what you might hear from the elsewhere...

The USNS Comfort is a 900' Military Sealift Command vessel manned with 1200 active duty Navy personnel, mostly Medical Corps and 60 civilian mariners. It has a 'Master,' which is the civilian equivalent of a US Navy Commanding Officer. Military Sealift Command is the civilian maritime component of the DoD. They actually have quite a few ships including most of our logistics force i.e. tankers, oilers, ammo, so on and so forth. They move most of the "heavy" equipment for the Army and Marines.

OK, I arrived via helo for my two hour indoc visit. The Comfort is not your normal Navy ship... It is a converted merchant vessel. It is missing the characteristic water tight hatches, narrow passageways, steep narrow ladders, overhead cabling, visible plumbing, etc, etc that you find on a warfighting ship. It actually looks like the inside of any military hospital except the floors/decks are painted metal plate mostly vice marble or linoleum. Very roomy and not very nautical. While it didn't have the interior decor of a Princess Cruise ship, it did have the openness.

Today was a slow day for the crew of the Comfort. Their triage / receiving area was empty except for staff. Several days ago they had received over 40 personnel with a variety of wounds. I was pleased to see they were not knee deep in casualties at this point. The triage area is big. This ship can handle upwards of 1000 casualties and this is the biggest "emergency" room I've ever seen. The hospitals you visit don't come close to what this place could handle if the situation required it. There is a great group of patriots working here. They are confronted with the battlefield's worst and make the initial decision on what action to take. By the way, these casualties come from all sources; battlefield, field hospital, way station, you name it, but always by helo.

From Triage casualties are segregated by injury and sent to different locations, surgery, x-ray, etc., depending upon need. We moved to surgery and the operating rooms. There are twelve of them and they are also big, the biggest I've ever seen. These have all the necessary life saving equipment/machines the best trauma centers in the states have. And they have tie down pads... That's so when the ship is rolling the gurney doesn't drift around the room. They even have "attach" points for the surgeon's chair, so patient & surgeon remain as one with sea induced rolls.

From here we move to the ICU. This is big too. About 40 beds and many are occupied with the recent arrivals and post ops. Here I see Iraqis primarily. By the way, there are over 200 Iraqis on board... [To continue, please click here.](#)

A Note Of Thanks To Those Who Serve

Christy Ferer is a 9/11 widow who recently took an Armed Forces Entertainment Office and USO-sponsored trip to Iraq with a group of celebrities (including Robert DeNiro and Kid Rock, among others) to show. Following is the text of an e-note she sent her escorts about the experience; it is really powerful and very moving, and will make you more proud than ever that you have chosen to serve your country.

When I told friends about my pilgrimage to Iraq to thank the U.S. troops, reaction was underwhelming at best. Some were blunt. "Why are you going there?" They could not understand why it was important for me, a 9/11 widow, to express my support for the men and women stationed today in the Gulf. But the reason seemed clear to me: 200,000 troops have been sent halfway around the world to stabilize the kind of culture that breeds terrorists like those who I believe began World War III on Sept. 11, 2001. Reaction was so politely negative that I began to doubt my role on the first USO / Tribeca Institute tour into newly occupied Iraq where, on average, a soldier a day is killed.

Besides, with Robert De Niro, Kid Rock, Rebecca and John Stamos, Wayne Did they really want to hear about my husband, Neil Levin, who went to Work as director of the New York Port Authority on Sept.11 and never came home? How would they relate to the two others traveling with me: Ginny Bauer, a New Jersey homemaker and the mother of three who lost her husband, David; and former Marine Jon Vigiano, who lost his only sons, Jon, a firefighter and Joe, a policeman.

As we were choppered over deserts that looked like bleached bread crumbs, I wondered if...[To continue, please click here.](#)